

heterogeneous groups of similar seizure behaviors and even the sophistication of modern clinical studies and electroencephalograms does not always coincide with the clinical expression of the seizure.

Throughout, each author repeatedly emphasizes the absolute need for a careful clinical evaluation, including an accurate history and a step-by-step review of the observed seizure activity followed by a detailed neurological evaluation. In complicated cases, an electroencephalogram can profitably be combined with television monitoring.

The chapters contain excellent and concise comparative tables guiding the reader in, for example, the comparative features of absence seizures and complex partial seizures, comparison of jitteriness and seizures in the neonate and risk factors in febrile seizures. These and many other tables are well described in the text.

The third subject area covered in the last four chapters describes the treatment of an individual with a seizure disorder, including pharmacologic and surgical management, community support systems and psychosocial considerations.

An outstanding chapter by Dr J. Chris Sackellares describes the pharmacologic management. This author provides a general description of drug therapy including toxicity and pharmacokinetics and then addresses the use of each anticonvulsant drug including indications, dosage, time of administration, levels and interactions among antiepileptic agents. This author and others in the text make a strong plea for specific single drug use and avoidance of "polypharmacology."

In the last two chapters, the authors describe community support systems and the impact of a dramatic disorder upon the lives of a patient and family.

This is an excellent book containing information essential to those managing seizures in childhood. Though the information is available in the literature, these authors have incorporated an enormous amount of data in this slim volume. In addition, the authors have paid tribute to investigators from the past such as Hughling Jackson, Penfield and Jasper, Gibbs and many others who contributed so much to our current level of understanding, thus providing a nice historical tie between the past and present. Moreover, the editorial style is clear and concise—perhaps reflecting the traditions found in an editor-neurologist trained at the National Hospital Queens Square, London.

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THE SEVERELY INJURED LIMB—Christopher E. Ackroyd, MA, MB, BChir, FRCS, Consultant Orthopaedic Surgeon, Southmead General Hospital, Bristol, and Brian T. O'Connor, MS, MChOrth, FRCS, FRACS, Robert Jones Professor of Orthopaedics, Robert Jones and Agnes Hunt Hospital, Oswestry, Shropshire, England, and Pieter F. de Bruyn, FRCS, Consultant Orthopaedic Surgeon, Tiel Hospital, Tiel, The Netherlands. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1983. 258 pages, \$44.00.

Badly traumatized extremities present a major challenge, for their proper management revolves not only around assurance of limb viability, but also restoration of as much function as possible. Thus, the mission of Ackroyd, O'Connor, Jones and de Bruyn—to provide up-to-date principles and practice for the management of extremity trauma—is timely. Have they met their goal?

The Severely Injured Limb expands upon topics presented at a symposium held in the United Kingdom in 1982. Twenty-two authorities, primarily from Great Britain and the Continent, with contributions from Ehanire of Nigeria and the redoubtable microsurgeon Owen of Sydney, participated, and they have covered the gamut from orthopedics through vascular, plastic and trauma surgery. The book is obviously British, as are most of the references, and American readers' delight with the characteristic British wit and expository elegance ("The only safe place for muscle that does not bleed, nor twitch when pinched, is in the bucket.") may be diminished by the presence of allusions (the Pobble; the Moorgate disaster) meaningless to most on the west side of the Atlantic. The book suffers from unevenness; it begins with a first-rate section on general principles of evaluation, the setting of priorities, what to do with the unreconstructible limb, and the importance of a "team approach." However, it then degenerates into a series of short anecdotal chapters, fully a third of the book, on internal and external fixation of fractures. A high point is again reached with a discussion of injury severity scores, ischemic contracture and the microsurgeon's role in extremity trauma, but the book then goes on to end somewhat lamely with topics, seemingly non sequiturs, on osteomyelitis and the penetration of bone by antibiotics.

This was a "nice try," and could have succeeded brilliantly with some tight editing. The definitive text on badly damaged limbs remains to be written. The importance of the topic, however, warrants this book's presence on the shelves of trauma center libraries.

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MEDICAL ECONOMICS ENCYCLOPEDIA OF PRACTICE AND FINANCIAL MANAGEMENT—Edited by Lawrence Farber, West Coast Financial Editor, *Medical Economics*. Medical Economics Books, Box C-779, Pratt Station, Brooklyn, NY 11205, 1985. 1,253 pages, \$69.95 plus a \$1.50 handling charge.

This encyclopedia is a remarkable compilation of more than 50 years of actual experience in the business side of the medical profession by the staff of the premier magazine in practice and financial management for physicians.

The book is in two parts. Part one comprises 14 chapters subdivided into some 110 major sections covering every aspect of practice management in depth. It begins with a thorough review of the problems of starting a practice and works all the way through into reviewing future trends that may affect the practice. Between these two extremes it covers the entire range of money, facilities, equipment, personnel and liability, to mention a few. Part two, comprising eight chapters (60 major sections), treats the management of doctors' financial affairs in the same thorough fashion.

This well-written and edited encyclopedia belongs in every hospital and medical school library. To the best of my knowledge there has never been another published work that is as comprehensive and authoritative. It is an excellent reference book covering most of the major decisions that have to be made by a physician. This covers both practice and finances.

Some doctors may even like the encyclopedia for their own personal home library. This gives them a comprehensive book to answer professional or financial problems in the quiet of their own studies.

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THE DOCTOR'S COMPUTER HANDBOOK—Peter J. Fell, MD, general practitioner in Deddington, Oxford, England; and William D. Skees, President of Skees Associates, Inc, Alexandria, Virginia, an automation consulting firm. Lifetime Learning Publications, Ten Davis Drive, Belmont, CA 94002, 1984. 268 pages, \$27.50.

When medical computing applications in the physician's office were limited to what could be done with large ("main frame") computers or even the relatively expensive minicomputers, and the custom programs that operated with them, there was no need for the kind of literature this book represents. The microcomputer ("personal computer") has changed all this. By bringing the cost of computing down to the point where any interested physician could entertain the possibilities of (1) developing his or her own office system, (2) acquiring an inexpensive commercially available system or (3) some combination of the two, there has been a widespread need for an appropriate literature.

Since microcomputers arrived on the scene, this literature was not long in coming. Many of the first books to appear were, unfortunately, disappointing. Several books that appeared quickly had been obviously written in haste, in the hope of reaching the market first. There has also been a flurry of magazines and journals directed to practicing physicians interested in computing. These too have suffered from a great unevenness in quality and competence. In a field with a genuine shortage of experts, there has been no shortage of free-lance writers who, with no particular experience in the field, have not hesitated to act as experts.

The Doctor's Computer Handbook by Fell and Skees is an improvement upon most of its predecessors, and although it contains much information that is of an ephemeral nature, a considerable amount will be of permanent value. A great difficulty in writing a book of this type is deciding which issues are worth bothering a physician-reader with, and which are not. I believe the authors have done quite well here. They have wisely avoided a lot of discussion on "bits and bytes," electronic minutiae, and have omitted unessential detail about digital logic and like matters. Instead, they have addressed such important issues as the cost of small computing installations, the difficulties, and risks and benefits of attempting to computerize office procedures, with some solid advice on what to do and not to do.

Dr Fell is a general practitioner in England, where he has developed a "computerized practice," according to the dust jacket, and Mr Skees is an experienced computer professional. The book is surprisingly up-to-date for